



# REMITTANCE CONFIRMATION

Office of Veteran & Military Services, 1 Hawk Drive, New Paltz, NY 12561-2439

Name: \_\_\_\_\_

Semester: \_\_\_\_\_

Student ID Number: 

N									
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**I accept the charges stated on my account and I plan to attend SUNY New Paltz during the semester indicated. I authorize SUNY New Paltz to use refundable financial aid (includes Federal Title IV Aid) to pay any balance due, as well as miscellaneous charges incurred.**

\_\_\_\_\_  
Signature of Student Date